

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026815

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 733

Primary Registration District No. 3022

Registrar's No. 96

FILED JUL 24 1962

1. PLACE OF DEATH

a. COUNTY

Harrison County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bethany

Length of stay in 1b
5 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION None At home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

c. CITY
OR TOWN

Bethany

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
South St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Maxie

Middle

Glee

Last

Hamblin

4. DATE
OF DEATH

Month July Day 15 Year 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-20-1941

9. AGE (last birthday)

20

IF UNDER 1 YEAR
Months 11 Days 25

IF UNDER 24 HR
Hours 11 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
do not know

10b. KIND OF BUSINESS OR INDUSTRY
do not know

11. BIRTHPLACE (City and state or country)
Gentry County Missouri

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

Verdon Hamblin

13b. MOTHER'S MAIDEN NAME

Maxine Berry

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) yes U.S. Navy

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Verdon Hamblin, Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Ca.

INTERVAL BETWEEN ONSET AND DEATH

4 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma of colon

4+ mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 3 a.m. 15 p.m.
Month, Day, Year 3/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/62 to death and last saw him alive on 3/15/62
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

7-17-1962

Berlin

Gentry County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

B. D. Hoad

Bethany, Mo.

7-17-1962

Gella Maxey

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. B. Haas
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.